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APPLICANTS

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** CONTINUING DATA ***** *none* *IT*

** FOREIGN APPLICATIONS ***** *OK* *IT*

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Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS
28390
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TITLE
Packaging for stents and stent delivery system

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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